## New Jersey Department of Health and Senior Services Early Intervention system P. O. Box 364 Trenton, NJ 08625-0364

## **TRANSITION SUMMARY**

| Date  |  |
|---|--|
|   |  |
| <b>DIRECTIONS:</b> To be completed by parent/guardian with support from Ea the family with the Transition process. This summary should be comp Conference held when your child is 30-32 months old. Information sum conversation at the Transition Planning Conference. | leted prior to the Transition Planning |
| Name of Child   | Date of Birth                          |
|   |  |
| Parent/Guardian   | Tolophono Number                       |
| FalenivGualulan   | Telephone Number                       |
| Street Address  |  |
|   |  |
| City State  | Zip Code                               |
| School District   |  |
|   |  |
| CTS Case Manager  | Telephone Number                       |
|   |  |
| Early Intervention Program  |  |
|   |  |
| Contact Person  | Telephone Number                       |
|   |  |
| Service Coordinator   | Telephone Number                       |
|   |  |
| GENERAL INFORMATION - Please summarize below:   |  |
| 1. Significant birth history::  |  |
|   |  |
|   |  |
|   |  |
|   |  |

## TRANSITION SUMMARY, Continued

## **GENERAL INFORMATION, Continued - Please summarize below:**

| 2. Diagnosis or presenting issues:  |
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| Medical or neurological information:  |
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| Special or health-related information:  |
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| 5. Other/medications:   |
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| Briefly describe child's program and progress with a focus on strategies that have been most successful (e.g., length of time in Early Intervention, successful strategies, current services, adaptations, etc.): |
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| Family's thoughts approaching transition:   |
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